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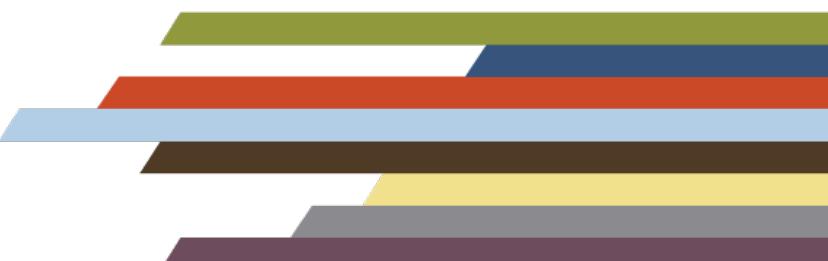
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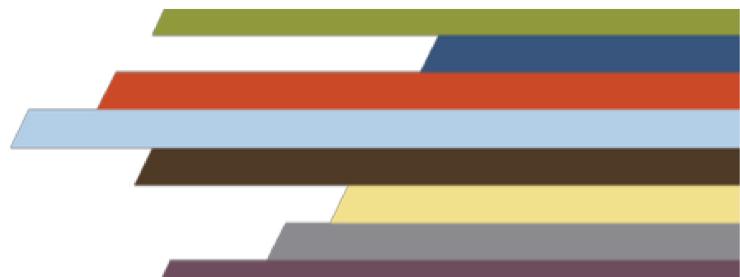
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The Role of Stigma in Substance Misuse Prevention: What Prevention Practitioners Can Do To Reduce

*Developed by the Pacific Southwest PTTC 2020*





# Disclaimer

The views expressed in this presentation do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.



# Today's Road Map



What is Stigma?



How Stigma Impacts Prevention?



Stigma: What Can We Do About It?



# Definition of Stigma<sup>1</sup>

Stigma is a **negative view** based on an **attribute** and **stereotype** about a person or group.

Stigma describes a negative view, for example, of substance use disorder, depression, bipolar disorder, or people who have these illnesses. These negative views create **prejudice** which leads to negative actions and **discrimination**.

# How Stigma Impacts Prevention



Structural  
Stigma  
INSTITUTIONS

Public Stigma  
COMMUNITIES

Self Stigma  
INDIVIDUALS

# How Structural Stigma Impacts Prevention<sup>2</sup>



## Saving People In the River:

- Focus on Intervention and Treatment
- Sense of urgency
- Requires a lot of resources, capacity and energy

## Thinking Upstream:

- Which people seem to be the most at risk of falling in the river?
- What is protecting those people that don't fall in the river?

# Addressing Structural Stigma<sup>7</sup>

## **Who do you seek to impact:**

- Legislators
- Policy Makers
- Employers
- Health Care Providers
- Criminal Justice
- Professionals
- Others?

## **Interventions:**

- Legal Strategies
- Policy Strategies
- Advocacy Strategies
- Professional Education



# Public Stigma vs Self Stigma<sup>6</sup>

Component	Public Stigma	Self Stigma
STEREOTYPE	<b>Negative belief about a group.</b> For example, dangerous, incompetent and weak of character.	<b>Negative belief about self.</b> For example, weak of character and incompetent.
PREJUDICE	<b>Agreement with belief and/or negative emotional reaction.</b> For example, anger or fear.	<b>Agreement with belief</b> <b>Negative emotional reaction.</b> For example, low self esteem and low self-efficacy.
DISCRIMINATION	<b>Behavioral response to prejudice</b> For example, avoidance of work and housing opportunities, and withholding help.	<b>Behavioral Response to prejudice.</b> For example, a failure to pursue work and housing opportunities.

# Addressing Public Stigma<sup>6</sup>

## **Who do you seek to impact:**

- The general public
- Populations of higher need or greater disparity



## **Interventions:**

- Mass Media Messaging
- Education
- Community Programs
- Contact strategies

# How Self Stigma Impacts Prevention<sup>6</sup>



- Lack of trust to engage with others for fear of being shamed
- Shame and isolation reduce access to programs and resources
- Tokenism-becoming the “expert” in recovery
- Celebrity- providing a negative example- “don’t be like me”

# Addressing Self Stigma<sup>5,6</sup>

## **Who do you seek to impact:**

- Persons with behavioral disorders

## **Interventions:**

- Education
- Empowerment Strategies
- Peer Support



# Prevention Sets the Table<sup>3,4</sup>

Prevention providers can create safe and equitable opportunities for engagement:

- Use non stigma supporting language
- Engage persons with substance use disorders consistently and intentionally
- Be a platform for the real voice of those impacted by SUD to address stereotypes and prejudices





# References

- <sup>1</sup>National Academies of Sciences, Engineering, and Medicine. 2016. *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23442>.
- <sup>2</sup>National Collaborating Centre for Determinants of Health. (2014). Let's talk: Moving upstream. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.
- <sup>3</sup>Office of National Drug Control Policy, Memorandum (January 2017), *Changing the Language of Addiction*.
- <sup>4</sup>Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.
- <sup>5</sup>Peterson D. Barnes A., and Duncan C (2008), Fighting Shadows, Self-stigma and Mental Illness Whawhai ATU te Whakama Hihira.
- <sup>6</sup>Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 1(1), 16–20.
- <sup>7</sup>Hatzenbuehler M. L. (2016). Structural stigma: Research evidence and implications for psychological science. *The American psychologist*, 71(8), 742–751. doi:10.1037/amp0000068